

TERMINATION OF PREGNANCY

Effective Date: June 4, 2015

Review Dates: 1/93, 12/94, 10/97, 12/99, 12/01, 2/02,
1/03, 1/04, 1/05, 12/05, 12/06, 6/07, 4/08, 4/09, 4/10,
4/11, 4/12, 4/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19,
5/20, 5/21, 5/22, 5/23, 5/24

Date Of Origin: June 30, 1988

Status: Current

This policy reflects coverage mandated by the State of Michigan “Abortion Insurance Opt-Out Act” effective March 14, 2014.

I. POLICY/CRITERIA**A. For fully funded commercial members (individual and group):**

As mandated by the State of Michigan Abortion Insurance Opt-Out Act 182 of 2013 elective termination of pregnancy is not a covered benefit unless the group/member has purchased a rider or supplemental coverage for elective abortion.

1. The exclusion shall not apply to terminations of pregnancy when performed to:
 - a. Protect the mother's life when it is endangered by continuation of the pregnancy. Conditions for which the abortion may be medically necessary for the life of the mother and therefore a covered benefit include but are not limited to:
 - i. Severe psychiatric impairment (as evidenced by prior institutionalization or prior suicidal ideation)
 - ii. Severe cardiac disease (prior history of cardiac decompensation)
 - iii. Cancer (carcinoma of the cervix, breast, uterus)
 - iv. Advanced hypertensive cardiovascular disease
 - v. Severe renal disease (on renal dialysis, severe renal impairment due to either chronic or acute kidney disease)
 - vi. Intracranial aneurysm (history of prior intracranial bleeding)
 - b. Increase the probability of a live birth or to preserve the life or health of the child after birth. An example would include selective abortion for multiple gestations.
 - c. Remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman.
2. Effective with the Michigan Abortion Insurance Opt-Out Act 182 of 2013, elective termination of pregnancy (as defined by Chapter 550.551, Sec.11) is not covered:
 - a. Even when two or more independent physicians concur that a fetal condition diagnosed in-utero is incompatible with life post-delivery.

b. When the pregnancy is the result of rape or incest.

B. For Medicaid/Healthy Michigan Plan members

Abortions are covered for the following reasons only:

1. Life of the mother is endangered if the pregnancy continues
2. Rape
3. Incest

C. For Self-funded members

Consult individual plan documents.

II. MEDICAL NECESSITY REVIEW

- Retrospective Review of clinical information is required to complete exception processing if A above is applicable. *Note: Does not apply for Medicaid/Healthy Michigan Plan members*
- Prior Authorization required for Medicaid/Healthy Michigan Plan members only when B above is applicable. *Note: Conditions not listed in B above are not covered for Medicaid/Healthy Michigan Plan members*

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the*

Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Definitions as used in the Michigan Abortion Insurance Opt-Out Act 182 of 2013 – Sec. 11:

“Elective abortion” means the intentional use of an instrument, drug, or other substance or device to terminate a woman’s pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective abortion does not include any of the following:

- (i) The use or prescription of a drug or device intended as a contraceptive.
- (ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman’s pregnancy if the woman’s physical condition, in the physician’s reasonable medical judgment, necessitates the termination of the woman’s pregnancy to avert her death.
- (iii) Treatment upon a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

Note: Previously known as Abortion policy

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity

Not specified

CPT/HCPCS Codes

Covered (*Inpatient service must be pre-authed*)

59100	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically

Covered with Rider only:

59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;

- 59851 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
- 59852 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
- 59855 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines;
- 59856 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
- 59857 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
- 59866 Multifetal pregnancy reduction(s) (MPR)
- S0190 Mifepristone, oral, 200 mg
- S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs

VI. REFERENCES

Michigan Abortion Insurance Opt-Out Act - Public Act 182 of 2013

[http://www.legislature.mi.gov/\(S\(ftjusbzntoj0w5jww2jgnq45\)\)/mileg.aspx?page=getObject&objectName=mcl-Act-182-of-2013](http://www.legislature.mi.gov/(S(ftjusbzntoj0w5jww2jgnq45))/mileg.aspx?page=getObject&objectName=mcl-Act-182-of-2013)

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